

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Company Name	FEIN/SSN
Dbafka	Telephone #
Mailing Address	
City, State, Zip Code	
Business Location	
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent:
Mailing Address:
City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A.	General Manager (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address
B.	Customer Relations/Complaints Representative (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address
C1.	Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address
C2.	Customer Contact (Toll Free Number)
D.	Engineering Operations (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address
E.	Test and Repair (Include Address if different than above)
	Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. **Regulatory Officer** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

This form was completed by ***Signature***

Title ***Date***

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201